

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of I.C. 31-1-3-2  
Effective July 1, 1977

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 85-430  
File 6-4-84  
Date of Application

FLOYD County

MALE  
Medical Examination Report Dated 5-21-84  
Name of Physician Rashidul Islam

FEMALE  
Medical Examination Report Dated 5-24-84  
Name of Physician M. Baha

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gregory B. Farris  
Date of Birth: 3 17 1964  
Place of Birth (State or foreign country) Neely, Alabama, Ind.  
Residence Address Rt #1 2 Box 166, N. Salisbury, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
None

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Orval Ray Farris  
Residence of father (if deceased so state) Same above  
Birthplace of father (State or foreign country) Kentucky  
9. Full maiden name of mother Georgia Rae Farris  
Residence of mother (if deceased so state) Same above  
Birthplace of mother (State or foreign country) Georgia

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.  
County of Floyd

Signed Gregg Jarvis

New Address

Subscribed and sworn to before me this 4 day of June, 1984  
William B. Jenks Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Robin Lynn Kockert  
Date of Birth: 6 5 1962  
Place of Birth (State or foreign country) Floyd Co. Ind.  
Residence Address Rt #1 Lakewood, Georgetown, Ind.  
Previous Marital Status: Never Married ☒ OR  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐  
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
6. List the full names of any dependent children.  
NONE

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐  
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Robert Phillip Kockert  
Residence of father (if deceased so state) Same  
Birthplace of father (State or foreign country) Floyd Co Ind  
9. Full maiden name of mother Brenda Joyce Cundiff  
Residence of mother (if deceased so state) Same above  
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.  
County of Floyd

Signed Robin Lynn Kockert

New Address

Subscribed and sworn to before me this 4 day of June, 1984  
William B. Jenks Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the FLOYD Circuit Court of Indiana dated the 7 day of JUNE, 1984, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THOMAS M. BURKE hereby certify that on the 8 day of JUNE,

one thousand nine hundred and EIGHTY FOUR at GEOGETOWN, County of FLOYD,

State of Indiana, Groom GREGORY B. FARRIS of HARRISON County, State of INDIANA

and, Bride ROBIN LYNN KOCKERT of FLOYD County, State of INDIANA,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of FLOYD County.

Dated this 8 day of June, 1984.

Signed Thomas M. Burke

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of June, 1984.

Signed William B. Jenks Clerk

FLOYD Circuit Court